

# AETNA HEALTH INSURANCE CARD

Group Policy Information

## MEMBER INFORMATION

Member Name: Jane Elizabeth Smith

Date of Birth: 03/22/1975

Member ID: AETNA789012345

Group Number: GRP002

Policy Number: AET456789012

## PLAN INFORMATION

Plan Type: PPO (Preferred Provider Organization)

Effective Date: 01/01/2024

Termination Date: 12/31/2024

Network: Aetna Choice POS II

## BENEFIT INFORMATION

Deductible: \$2,000 individual / \$4,000 family

Out-of-Pocket Maximum: \$8,000 individual / \$16,000 family

Co-pay: \$30 primary care / \$60 specialist

Emergency Room: \$250 co-pay

Hospitalization: 25% coinsurance after deductible

## PRIOR AUTHORIZATION REQUIREMENTS

Cardiac Catheterization: REQUIRES PRIOR AUTHORIZATION

Authorization Phone: (217) 800-AUTH

Authorization Fax: (217) 800-FAX

Online Portal: [www.aetna.com/pa](http://www.aetna.com/pa)

Provider Portal: <https://provider.aetna.com>

## CONTACT INFORMATION

Customer Service: (217) 800-AETNA

Claims Address: PO Box 54321, Springfield, IL 62701

Provider Relations: (217) 800-PROV

24/7 Nurse Line: (217) 800-NURSE

Card ID: AETNA-2024-001235 | Issue Date: 01/01/2024 | Valid Through: 12/31/2024

For verification: [www.aetna.com/verify](http://www.aetna.com/verify) | Phone: (217) 800-VERIFY